

NOTICE OF INDEPENDENT REVIEW DECISION

August 2, 2002

RE: MDR Tracking #: M2-02-0662-01
IRO Certificate #: 4326

The ____ as been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in neurological surgery, which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 43 year old male sustained a work-related injury on _____. The patient has undergone lumbar facet injections and a lumbar discogram. The patient continues to complain of pain and muscle spasms in his left lower extremity. The treating neurosurgeon is recommending that the patient undergo an L1 through S1 radio frequency joint neurotomy.

Requested Service(s)

L1 through S1 bilateral radio frequency joint neurotomy.

Decision

It is determined that the L1 through S1 bilateral radio frequency joint neurotomy is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The American Academy of Pain Medicine issued a policy statement on the management of chronic low back pain. The procedure of radio frequency lumbar facet neurotomy was endorsed for the temporary relief of certain very specific types of low back pain. This procedure is reserved for those patients who are completely intact neurologically, have normal spinal diagnostic studies and failure of response to rigorous conservative treatment. The patient fits these selection criteria.

The International Spine Injection Society further specifies selection criteria first suggested by Dr. Van Kleef in the Journal article furnished by _____. These selection criteria include diagnostic nerve blocks of the posterior primary ramus of the segmental nerves L3, L4, L5. This may be performed unilaterally for patients with unilateral symptoms. The rationale for blocking these three nerves is as follows:

The most common symptomatic facet joints are located at L4-5 and L5-S1. Anatomically there is innervation of each joint by two dorsal nerves. A diagnostic block of L3, L4 and L5 effectively brackets the two most commonly symptomatic facet joints. The degree of relief with the above mentioned diagnostic block had to be at least 50% for entrance into the study. In addition to the diagnostic blocks, which should be repeated once, placebo blocks were strongly recommended with both the physician and the patient blinded as to which injection contained the anesthetic.

Again, those criteria are from the Journal article SPINE, Vol. 24, #18, pages 1937-1942-I. This article was furnished by ____ to justify his request to perform a bilateral L2 through S1 radio frequency facet neurotomy on the patient. Dr. Sundaresan performed three diagnostic blocks bilaterally of L1 through S1. The percentage of pain relief with the first block was 30%, with the second block 40% and with the third block almost "50%". No placebo controlled blind blocks were undertaken.

____ recommended procedure is not based on scientific evidence. His massive series of injections are designed to totally anesthetize each and every facet joint in the lumbar spine globally. In addition, the degree of relief produced even by this total spinal block was less than 50%, which is considered the efficacious cut off. Therefore, this procedure is not medically necessary to treat this patient's condition.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,